



THE LIVED EXPERIENCE OF A HISPANIC FAMILY AND CHILDHOOD OBESITY: A CASE STUDY

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ABSTRACT

Mexican-American children are 1.6 times more likely to be obese than white children (Office of Minority Health, 2012). This qualitative case study of a Hispanic infant explores the feeding practices of one Hispanic family. In a face-to face interview using open-ended questions, a 19 year-old Hispanic mother described her relationship with her child's provider, infant feeding practices used, family influences in care, cultural perceptions of overweight and obesity, and health teaching coordinated by her child's provider. Three themes, based on Watson's Caring Theory, emerged from the data: importance of establishing a meaningful relationship between families and health care providers, cultural influences, and teaching and learning principles. Clinical implications include the importance of establishing a trusting relationship with the patient and family, respecting cultural influences on feeding practices and family involvement in care, and developing individualized teaching plans. It is recommended that future research include a larger sample size.

Keywords: Hispanic, culture, infant feeding practices, Watson Theory, childhood obesity

The Office of Minority Health (2012) reported that Mexican-American children are 1.6 times more likely to be obese than non-Hispanic white children. This trend continues into adolescence and adulthood with 78% of Hispanic women and 81.3% of Hispanic men having a body mass index greater than 25, classifying them as obese (Office of Minority Health, 2012). Obesity as a chronic health condition in both children and adults has a multi-factorial origin and is influenced by diet, exercise, and genetics to name a few. As nurses caring for diverse populations, understanding the effect of culture on development of obesity and treatment of the condition is essential.

According to the United States Census Bureau (2010), 34,183,622 individuals speak Spanish at home with 16,120,772 stating that they speak English less than "very well". Language use has implications for nurses as they strive to communicate effectively with Spanish-speaking families

and patients in a predominately English-speaking healthcare system. Furthermore, Spanish-speaking families caring for children with chronic illness, such as obesity, face additional stress related to language and cultural differences as they learn to address their child's needs in an English dominant society. The question is how can nurses provide quality care to meet the language and cultural needs of Hispanic families?

Review of Literature

Several qualitative studies have addressed how chronic childhood illness affects the family unit. Common findings among these studies include an emphasis on the parent-provider relationship and the need for mutual respect and trust between providers and caregivers.

The parent-health care provider relationship is essential in the management of pediatric care. Parents who participated in Balling and McCubbin's (2001) descriptive study expressed a need to be considered equal partners with health care providers in their child's care. These parents also stated the importance of health care providers who value parental expertise. Similarly, in Howe's (2012) qualitative inquiry, parents valued health care providers who truly tried to "get to know" their family and form an honest relationship.

Additionally, current research emphasizes the importance of information sharing between providers and parents. Howe and colleagues (2012) found that parents respected health care providers that imparted the essential information to enable informed decision-making. Parents also described the importance of helping families adjust the plan of care to fit their lives. Additionally, parents valued health care providers who gave clear and open communication throughout the diagnostic and treatment process (Nuutila & Salanterä, 2006). Furthermore, parents suggested that the health care provider-parent relationship is the foundation of "mutual trust and open communication" (p. 159).

Although the previously identified studies assessed how childhood illness affects the family unit, the author was unable to find any studies that examined how chronic childhood illness specifically affects Hispanic families. As a result, there is a need to explore the unique needs of chronically ill children of Hispanic families within the present health care system.

Purpose of the Study

The purpose of this pilot case study was to explore a Hispanic, Spanish-speaking family's experience of a child with obesity. The researcher was especially interested in the parent-provider relationship and the influence of language and culture on the management of care. A secondary goal was to recommend teaching strategies and tailored nursing care for such families.

Methods

Study Design

This qualitative case study utilized open-ended questions during a face-to-face interview to solicit data from the participant. Watson's (1988) Caring Theory was the conceptual framework used to guide the study's methodology and results. Watson states that nursing is a human science rooted in caring interactions and based in what Watson refers to as a transpersonal caring relationship. This caring relationship guides nurses to appreciate the unique, individual experiences of their patients.

Watson's Caring Theory is further explained by the 10 Caritas Processes (Watson, 2007), which are as follows:

1. Embrace altruistic values and practice loving kindness with self and others.
2. Instill faith and hope and honor others.
3. Be sensitive to self and others by nurturing individual beliefs and practices.
4. Develop helping – trusting- caring relationships.
5. Promote and accept positive and negative feelings as you authentically listen to another's story.
6. Use creative scientific problem-solving methods for caring decision making.
7. Share teaching and learning that addresses the individual needs and comprehension styles.
8. Create a healing environment for the physical and spiritual self which respects human dignity.
9. Assist with basic physical, emotional, and spiritual human needs.
10. Open to mystery and allow miracles to enter.

Retrieved from <http://www.watsoncaringscience.org/index.cfm/category/61/10-caritas-processes.cfm>

Sample and Setting

The mother of the family was nineteen years old and married to the child's father, who was not present during the interview. She was employed at a factory and wanted to resume her studies at a local community college. The child was two years old at the time of the interview. The interview took place at a rural community health center affiliated with a large university. A private conference room at the rural community health center was reserved for the interview. The room was arranged to promote maximum interaction and trust between the researcher and participant by placing the chairs face-to-face with no desk or other barrier between the individuals. The child attended the interview as well and was given materials to draw and color. The interview lasted 25 minutes.

Data Collection Procedures

The participant family was recruited by a Caucasian, English speaking nurse practitioner who practiced at a rural community health center. The family used in the case study met the following inclusion criteria: 1) spoke Spanish as the primary language and 2) had a child diagnosed with obesity. Potential participants had been approached by the nurse practitioner and informed of the nature of the study and time required to complete the interview with one family agreeing to

participate in the study. The researcher then coordinated with the nurse practitioner caring for the family to arrange an interview time and place with the researcher. The University Institutional Review Board approved the study prior to data collection.

Open-ended questions were developed by the researcher (see Appendix A).

Additionally, more specific questions were asked as deemed necessary by the researcher based on the information provided by the mother. At the conclusion of the interview, the mother was provided \$20 cash in appreciation for her participation.

Data Analysis

Following completion of the interview, the researcher sent the audio-recording to a professional reporting service for transcription. The author individually reviewed the transcriptions to identify recurring themes and categories, utilizing content analysis of the data to identify the recurring themes. A constant comparative method helped to further refine the themes and categories and to detect relationships across themes and categories (Polit & Beck, 2012). The author then shared the data with the nurse practitioner that cared for the mother and child described in this case study. This nurse practitioner had extensive experience with qualitative research and served as a member check for the data.

Results

This is a case study of a young Hispanic mother with a child diagnosed as overweight at five months of age. During the interview, the mother, reflected on various influences surrounding her experiences in caring for her child. At the time of the interview, the child was nearly two years old, active, and normal height and weight after being treated by the nurse practitioner for obesity. The over-arching themes included establishing trust and effective interpersonal relationships, cultural influences, and teaching and learning. These aspects are outlined next.

Theme 1: *Establishing Trust and Interpersonal Relationships - Develop helping – trusting-caring relationships.*

The mother spoke positively about the relationship she had developed with the provider and office staff over the course of her child's treatment:

“They are really nice... They already know who he is. It's not like a stranger, that's what I really like. We come here and they are like: Oh, [name of child] is here”.

Once she was able to successfully change the child's diet and promote weight loss, the mother expressed that the provider valued her efforts:

“She said I did a really great job.”

Theme 2: *Cultural Influences - Be sensitive to self and others by nurturing individual beliefs and practices.*

The participant discussed cultural feeding practices. She described the nature of these feeding practices and how she changed her child's diet with provider guidance in the following manner:

"I would just like feed him like stuff off the table, because I didn't really know any better... Like rice or beans, tortillas".

Her responses suggested a different cultural perception of health and obesity:

"It's different here. In Mexico they don't really care how much you weigh, they just feed them."

Amidst the cultural references, the participant also mentioned how her mother influenced her feeding practices and perceptions in regard to the child's condition.

"Cause like my mom she just doesn't really care if we're overweight, she just wants to feed us, and that's how she is. She doesn't really care if we're like chubby; she doesn't care. And I guess like she'd rather have us chubby than really skinny, that's how we are at home... And that's what my mom tried to do. She tried to feed him like rice and tortillas with, um, chicken broth and -- I don't know, I just followed her rules because I didn't have child support."

"And I think I was overweight, too, when I was little, and so was my brother and my sister."

When asked about early infancy feeding practices the participant identified both personal and family influences regarding breastfeeding.

"Well I did breast feed him for like 2 months, but then I went to school. And I didn't want to like be at school pumping, so I stopped and, um, I just gave him the bottle, I stopped. It was really hard anyways; he didn't want to latch on... Well my mom really wanted me to keep on like switching up, but I didn't want to because it was hard. And I wanted to, but it's like -- like a bonding kind of. And -- I don't know, it's kind of hard, and it hurts."

Theme 3: Teaching and Learning - Share teaching and learning that addresses the individual needs and comprehension styles.

The mother acknowledged that the provider coordinated and taught in a way that was easy to understand.

"To like, um, check his weight and stuff they would take out this chart that like tells, um, his age, and his weight, and how much he is supposed to weigh, and he was like really far away from that."

And when asked how the provider approached teaching the diet changes, the mother's response indicated that cultural feeding practices were respected and considered when developing a treatment plan.

Researcher: When they were initially identifying him as being overweight, were they suggesting that, um, you eliminate the typical foods of rice, and beans, and tortillas?

Mother: No.

Researcher: Did they suggest that you eliminate them or was it just to maybe include more of a variety of foods? I'm just kind of curious what was the advice.

Mother: They would just tell me like give him oatmeal and Gerber foods, yeah.

To further assist the mother in changing the child's diet, the provider included family members in the dietary teaching.

Researcher: Well -- and it's difficult, too, I would think when you've kind of got 2 conflicting camps. You got what your mom is telling you, what the Health Care providers are telling you, and you're kind of caught in the middle and, you know, resolving that. Did you share this with your Health Care provider that --

Mother: Yes, I did. And I think she told my mom that she had to try to make him lose weight.

Researcher: So did your mom come in with you?

Mother: Yes, she did come in.

Researcher: And did it help to hear it directly from somebody else, not just from you?

Mother: Yeah.

The mother was asked what she would tell others to help gain a better understanding of infant feeding habits among Hispanic families. Her response follows.

"I would say like don't give him the foods that you think {inaudible} they should give them before 3 months or 6 months, just give them like regular Gerber because that food can be really heavy on the stomach, and they could also have like {inaudible} at one time my mom gave him soup, and it had like a lot of liquid, he had like really bad diarrhea for like 3 days."

Discussion

The mother interviewed for this case study identified a variety of factors that influenced her as she cared for a child with obesity. Among these factors three major themes were identified including establishing trust and interpersonal relationships, cultural influences, and teaching and learning. These themes are consistent with Watson's Caring Theory (1988) and Caritas Processes (Watson, 2007).

Establish Trust and Interpersonal Relationships

The mother of the child in this case study expressed satisfaction with the parent- provider partnership. Howe et al. (2012) also noted the importance of gaining parental trust, really knowing families, and building a genuine relationship. Nuutila and Salanterä (2006) also found that a parent-health care provider relationship that is built on mutual respect and open communication is crucial to positive patient outcomes. The health care provider described in this case study had established a strong parent-provider relationship that formed the basis for these effective interventions.

Cultural Influences

The provider in this study demonstrated respect for the family's cultural practices and beliefs while advocating for the child's health. The family was not asked to completely eliminate cultural foods, but it was encouraged to incorporate a variety of foods into the child's diet. In addition, the health care provider acknowledged the importance of family involvement in care of the child by including the grandmother in the health teaching.

Current research findings are similar to findings from this case study. Lindsay et al.'s (2011) qualitative study described how a grandmother's cultural beliefs and family involvement strongly influence both the feeding practices of mothers and the weight of their children in the Hispanic culture. Furthermore, Cartagena et al.'s (2014) integrative review of Hispanic infant feeding practices reported three major findings:

- (1) acculturated Hispanic women are reluctant to breastfeed for extended periods of time
- (2) Hispanic families often introduce solid ethnic foods as early as four months of age
- (3) overweight babies are considered healthier than those of normal weight

The mother in this case study fits into the major findings from this integrative review.

Teaching and Learning

The healthcare provider in this case study utilized individualized teaching and learning methods to promote the health of this child. As the mother mentioned, Hispanic families perceive overweight or obese infants as healthy and happy. To address this issue, the health care provider shared growth charts with the child's mother and grandmother to demonstrate the need for a change in the child's diet. As stated previously, the health care provider involved the grandmother in dietary teaching and utilized an individualized teaching and learning plan that included culturally competent care.

The mother in the case study exhibited a significant learning deficit regarding best practice for infant feeding. Gaffney, Kitsantas, and Cheema's (2012) correlational study had similar findings. They discovered a positive relationship between serving of juice within a 48 hour time period, early introduction to solid foods (less than four months of age), decreased length of time of breastfeeding and increased weight-for-age at one year. In this case study, the combination of

formula feeding in addition to the early introduction of solid foods likely contributed to early development of obesity. As with the family included in the case study, it is recommended that nurses assess parental understanding of appropriate infant feeding techniques and develop interventions for family education to prevent excessive weight gain.

Clinical Implications

Watson's (2007) fourth *caritas* process describes the importance of establishing genuine relationships with families, which can be used as a guide to plan nursing care for families with chronically ill children. These relationships provide opportunities for open communication between parents and health care providers, ultimately contributing to more comprehensive, individualized care. Ideally, Spanish-speaking families should be cared for by Spanish-speaking providers in order to facilitate effective communication and further establish trust.

Furthermore, according to the third *caritas* process, cultural influences surrounding feeding practices and perceptions of overweight and obesity can also be viewed through the caring theory. By identifying cultural influences affecting the child's care, the health care provider can demonstrate sensitivity to individual beliefs and practices. Cultural perceptions of obesity, infant feeding practices, and family involvement in care were the main areas in which the health care providers in this case study respectfully offered guidance to treat the child's condition. Demonstrating such sensitivity to these cultural influences and striving to preserve cultural traditions without harm to the patient helps foster trust between the family and provider and perhaps improves compliance with the treatment regimen.

It is recommended that the provider employ self-reflection to identify personal beliefs and potential biases that may impede the provision of quality care. Demonstrating respect for the family's beliefs and practices by suspending judgment, and striving to value their experiences as individuals can foster the development of positive working relationships and, ultimately, positive health outcomes.

The seventh *caritas* process is teaching and learning. Teaching patients and families continues to be an essential nursing role. While teaching patients, nurses should identify the individual's learning needs and readiness to absorb new information. Nurses can use appropriate visual information, such as the growth charts used in this case study, to facilitate learning. Identifying parental concerns and incorporating them into teaching plans will help to further promote positive health outcomes for the child.

Limitations of the Study and Future Research

This was a pilot case study. The findings can only be applied to Hispanic families with an obese child. It is recommended that future research examine families who are non-English speaking to identify challenges associated with language barriers in addition to cultural influences. Special attention to obesity among minorities, especially Hispanic families is merited. It is also recommended that future research include a larger sample size.

Conclusion

Nurses must consider the multitude of influences that Hispanic families face in managing a chronic childhood illness. Establishing a trusting, genuine relationship with the family and being sensitive to cultural and familial influences are cornerstones to providing culturally competent care. Furthermore, evaluating the teaching and learning needs of the family and developing individualized educational plans will help to promote positive outcomes for both parents and children.

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Appendix A: Interview Guide

Open-ended questions:

1. Can you tell me your story about dealing with _____ (child's name) while seeking medical care?
2. Were there any times when it was difficult for you to understand what doctors/nurses were telling you? Can you tell me about that?
3. Were there any times when it was difficult for you to tell the doctors/nurses about your child's illness? Can you tell me about that?
4. Was there anything that was helpful to you when communicating with the doctors and the nurses?
5. What effect has _____ (name of child) illness had on your family's life?
6. Is there anything you would like me to know about your child's illness?